RECEIVED

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation 15 2016

Return to: Secretary of State, 500 E.	Capitol, Pierre, SD 5	57501-5077	S.D. SEC.	OF STATE
1. TITLE OF NEWSPAPER Garretson Gazette		2 DATE	0-6-16	
3. FREQUENCY OF ISSUE Weekly 3A. NO. OF ISSUES PUBLISH 50		3B. ANNUAL SUBSO PRICE \$ 36	CRIPTION	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)				
(Not printers) 512 Main Street, Po Box 327, 6	garretson, Minr	nehaha, SD 57	7030-0327	
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTER	RS OR GENERAL BUS	SINESS OFFICES OF	THE	
PUBLISHER (Not printers) PO Box 327, Garretso				
6. FULL NAME OF PUBLISHER: Moritz Industrie	s, LLC			
7. OWNER (If owned by a corporation, its name and address must addresses of stockholders owning or holding I percent or more on names and addresses of the individual owners must be given. If of the individual owners must be given.	of total amount of stock.	If not owned by a cor	poration, the	
and address, as well as that of each individual must be given. FULL NAME	COMPLE	TE MAILING ADDRI	ESS	
Garrick A Moritz Carrie A Moritz 505 Center Ave, Garretson, 5D 57030				
 KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SPERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MOSTATE. If more space is needed, list on back of this form. 	SECURITY HOLDERS ORTGAGES OR OTHE	S OWNING OR HOLI ER SECURITIES (If th	DING 1 here are none, so	
None	AMERICE NO. COL	orec 1		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COF EACH ISSUED PRECEDING MONTHS	ACTUAL	L NO. COPIES SSUED TO FILING DATE	
A.TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	See to the second	1		
B.PAID AND/OR REQUESTED CIRCULATION Sales through dealers and carriers, street vendors, and counter sales.		60)	
Mail Subscription (Paid and or requested)		470	0	
3. Paid Electronic Copies	1/	8		
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	×	538	3	
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS		3		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		20)	
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		558	}	
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing		20	×	
2. Return from News Agents				4
G.TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)		578]
Statement must be signed by Publisher, Business Manag I swear that the statements made by me are true, co	ger, or Owner in the orrect, and comple	presence of a Notal ete: PV UShev		
(Signature)	Sworn to before me the	(Title) 20th day of Oct	ober , 20 15	
State of South Dakota)	John W. Br	memor		
County of Minnehaha)	My commission expir	'D b	ssion Expires er 30, 2021	
(Seal) \$ JOHN W. BRINKMAN \$	vij commission expu			

Form: SOS REC 051 3/2